

## Office of the Dedham Board of Health

26 Bryant Street

Dedham, MA 02026

Telephone: 781-751-9220 Fax: 781-751-9229

**Application to Operate at Farmer's Market**

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Establishment Phone # \_\_\_\_\_ Establishment Fax# \_\_\_\_\_

Name &amp; Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Owner (If different from applicant) \_\_\_\_\_

Emergency Response Person: \_\_\_\_\_ Phone # \_\_\_\_\_

If a corporation or partnership, give name, title &amp; home address of officers or partners.

NameTitleHome Address

Type of Establishment: Retail \_\_\_\_\_ Food Service \_\_\_\_\_ Wholesale \_\_\_\_\_ Caterer \_\_\_\_\_

Dates of Operation: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to M.G.L. Ch 62C. sec. 49A I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under the law.

\_\_\_\_\_  
Social Security # or Federal ID #\_\_\_\_\_  
Signature of Individual or Corporate Name\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

Please make checks payable to the Town of Dedham

Please provide the following:

Product Label

List of ingredients

Serve safe certification

License in town where food is made

Other items as requested

Please list items to be sold:

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How will handwashing and temperatures be maintained:

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Restrooms provide and  
where: \_\_\_\_\_

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